

**Strategic Planning Workgroup
Draft Transcript
April 16, 2010**

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good afternoon, everybody, and welcome to a Friday afternoon, strategic plan workgroup call. I'll do a quick roll call now. Paul Tang?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jodi Daniel?

Jodi Daniel – ONC – Director Office of Policy & Research

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Paul Eggerman?

Paul Eggerman – eScription – CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Deven McGraw?

Deven McGraw - Center for Democracy & Technology – Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David McCallie? Charles Kennedy? Carol Diamond?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Art Davidson?

Art Davidson - Public Health Informatics at Denver Public Health – Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

John Lumkin? Steve Findlay? Jim Walker? Christine Bechtel?

Christine Bechtel - National Partnership for Women & Families – VP

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Mark Frisse? Cris Ross?

Cris Ross – MinuteClinic – CIO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Steve Stack? Janet Corrigan or is Floyd on?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Floyd.

Judy Sparrow – Office of the National Coordinator – Executive Director

Floyd is here. Okay. Don Detmer, I know is in Europe, and Tony Trenkle? Marc Probst? David Lansky? Did I leave anybody off? Okay. With that, I'll turn it over to Jodi and Paul.

Jodi Daniel – ONC – Director Office of Policy & Research

Great. Thanks. Welcome, everyone. The goal of today is to just go over what we heard at the listening session and think about how we might want to incorporate any of the comments we heard during the listening session from the blog and on our Web into our strategic framework from this workgroup. So we'll walk through what some of the themes were that came out of that. The way I'm going to do this is walk through some of the things that we heard, give the folks that were leading the discussion on listening session, opportunity to chime in as I go through each theme, each category.

And then we'll open it up for a discussion among the entire group to figure what issues we've got, whether or not things are already in the plan that we might want to elaborate on or clarify, if there are issues that aren't there that we want to add, if there are things that we don't think we want to add and have that rich discussion. So we'll go to slide three.

We talked with folks about the vision that this workgroup had identified as part of the strategic framework. In the listening session, let me just take a step back, we had over 1,000 individuals registered. Five hundred were on the Web session, which was the maximum that the Web would accommodate, although there may have been others on the phone as well. And in that, the first thing we did was start with the vision slides to give people a construct for the way the workgroup was thinking about the strategic plan and the vision for the strategic plan and the different themes that went into that vision. And we talked through the strategic framework theme by theme and got feedback from the public theme by theme.

You can go to the next slide, please. This is the slide that everybody has seen before, and that Paul presented to the full policy committee, sort of trying to demonstrate the different activities, beneficiaries, goals, etc. for a learning health system, so I'm not going to spend time going through this because I want to make sure we have time to walk through all of the comments that we've heard.

Next slide, number five, what we did was, the comments that are in the rest of these slides came from both the discussion on the listening session and the online comments. We had a Web site going, so we received a lot of written comments during people's discussion of the goals, objectives, and strategies of each theme, and we did not get to address every one of them, but we have had staff go through all of those comments, and the discussion and comments that were expressed verbally, as well as the ones we received in writing during the session are incorporated into the categories on the slides that we discussed next. And we also incorporated the input we received from the FACA blog on the strategic plan or

strategic framework into those categories. So we tried to pull from all three of those sources to put together the categories and the lessons or the messages that we heard from folks.

I'm going to just talk basically through the categories. We felt like the input came in a number of categories, not necessarily only aligned with particular themes, but some of these categories sort of cut across different themes, so we just categorized the types of comments, and then we can talk through where we see some of those that might already appear in the strategic framework, and we can talk about whether or not there are other issues or strategies we may want to include based on some of this feedback.

I'll jump right into the first one. Next slide, please, patient engagement and consumer empowerment. This is just summarizing some of the input we've gotten. There were a lot of comments on patient engagement and consumer empowerment, and I think it's fair to say that these sort of cut across a number of different themes we kept getting, particularly monitoring the Web when we were getting comments. These issues kept arising no matter what theme we were talking about, whether it be the learning healthcare system, privacy and security, meaningful use, and so we just kind of put them all together for purposes of our discussion today.

The first thing we heard, the first key point was to make sure that we have strategies to engage and activate consumers and patients. The second was interact with patients through different forms of technology, so making sure that there were different ways and different types of technologies that were consumer facing that helped to have providers and patients interact, and give patients the tools they needed to use the health information about them. Similarly, provide information and forms that are understandable to consumers and patients, so those are very related.

The next point was to insure health IT tools are based on consumer centered design principles. And lastly, there were a lot of comments on educating consumers on the benefits of health IT, as well as just making sure that they have the tools to use the technology and use the information. So I'm going to stop here for a minute and ask if Paul or Deven have anything else to add in the area of patient engagement and consumer empowerment based on what you've heard, what you heard on the listening session or any other thoughts.

Paul Eggerman – eScription – CEO

This is Paul Eggerman. I think what you wrote here, Jodi, is accurate. What's very interesting is that you use the expression health IT, as opposed to EHR. And we have a tendency when we're thinking about our work to think about it in terms of the EHR. But for a lot of people, patient engagement has a broader understanding so that people view this, and they also view the PHR as part of what's in this category of items. And it's just an observation that you are writing health IT, which is actually one of the themes later. But we need to be clear when we're talking about EHR versus when we're talking about the broader concept of health IT, HIT.

Jodi Daniel – ONC – Director Office of Policy & Research

Paul Tang or Deven, did you have anything else to add based on in this area?

Deven McGraw - Center for Democracy & Technology – Director

No, I thought you captured it well. I mean, there was a lot of, you know, what I remember from the call was a lot of conversation on the education piece.

Jodi Daniel – ONC – Director Office of Policy & Research

And we can go back to this when we have our discussion, but we've also tried to identify, and I can walk through this to start the discussion on each category when we go back, where we think that there is something in the strategic framework that address some of these points, and then we can look at the points that were made in the strategic framework language authority there to see if there are things, if we've captured these well, if we communicate them better, or if there's something we need to add. I'm going to keep going through all of these so that people have a flavor of all the different points that have been raised and can see the picture that we saw in going through these comments, and then we'll start back on slide seven and open it up for workgroup discussion.

If folks aren't talking, can you put your phone on mute, please?

Okay. So the next one that we heard a lot about was patient safety. The folks had commented that we should address the role of clinical decision support in improving care, and in looking at the framework, the words clinical decision support are not articulated in strategy, so we should talk about that. Expanding the scope of patient safety beyond those issues that arise in health IT, we had a specific strategy on safety related to the technology. And some folks indicated that we should be looking beyond that. Then including the social determinants of health, Seth, did you want to explain that one a little bit more?

Seth Pazinski – ONC – Special Assistant

This is one. I don't know if Art Davidson is on the phone, but I think he brought this up in the past, and we at one point had some language in the learning healthcare system theme around social determinants of health, so that may just be an area we want to revisit to see if we want to bring that back into that theme four area.

Art Davidson - Public Health Informatics at Denver Public Health – Director

Thank you, Seth. Is this Seth?

Seth Pazinski – ONC – Special Assistant

Yes, it's Seth.

Art Davidson - Public Health Informatics at Denver Public Health – Director

Yes, this is Art. Thanks for bringing that back. I don't know if it fits under patient safety. It fits under, you know, this health disparities, which is part of that safety priorities partnership bullet that we have. And it fits under that health disparities, which is maybe lumped in this section for that reason.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Maybe as a comment, I wonder if, on slide seven, we talk about patient engagement, consumer empowerment. I wonder if there's a separate bullet at that point talking about reduced disparities or be sensitive to disparities, as we try to engage consumers. Do you see what I'm saying?

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

So I'm responding to what Art just said, which is, let's use the different ways that people differ and make sure we cover them.

Jodi Daniel – ONC – Director Office of Policy & Research

Any other, Paul, Paul, or Deven, patient safety, anything else that you would like to raise?

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. I joined the call late. I'm sorry, but is the proposal to somehow get mention of patient safety more robustly into the final document? Referenced in the document now, and that needs to be beefed up. Is that the proposal?

Jodi Daniel – ONC – Director Office of Policy & Research

What we're doing right now is I'm just walking through the points that we heard through the listening session, the Web, and the blog. And then we're going to go back to each one, each category and figure out if there are things we need to add or change, that the group feels we need to add or change in our framework based on the feedback we heard from the listening session. So at this point, what I was trying to do was just get through the slides so that people can just see the picture of all the input we got so that to the extent things are related, people can see the whole package. And then we'll go back, category-by-category, and look through whether or not we need to – we'll make some proposals about what should change in our framework as a result.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Got you. Thanks a lot. Sorry.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. Not a problem. Okay. And then we also have the next category was change readiness, and folks had commented that we should address the readiness for change for both providers and consumers in moving toward health IT and EHRs particularly. Anything to add on that?

Seth Pazinski – ONC – Special Assistant

This is Seth again. The point here, and I just want to make sure I've captured it correctly in the slides is a lot of the comments were about these challenges were around people issues, not technology issues, I think is what we were trying to capture here.

Paul Eggerman – eScription – CEO

Yes. This is Paul Eggerman, and I think you did a good job of capturing. That's what I heard, you know. People say how are we going to train everybody? How are we going to do these things? What you wrote there is appropriate.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. Great. If we can move to slide nine, slide nine we heard – the category is about health IT in addition to EHRs, so this goes, Paul, to your point. We heard a lot of folks who were saying that we need to include strategies regarding personal health records, not just electronic health records, and as well as addressing interoperability of other technologies such as medical devices, mobile health, and IT systems for labs and public health. So folks were sort of suggesting that we broaden, in some areas, we broaden the scope of what we mean by health IT and what our strategies are beyond EHR. Anything to add?

Okay. Next slide, please. Privacy and security, nothing to add here. No, I'm kidding.

Deven McGraw - Center for Democracy & Technology – Director

Nobody said anything.

Jodi Daniel – ONC – Director Office of Policy & Research

Nobody has any comments on privacy and security. So we specifically heard some comments about addressing individual choice and data integrity, and including strategies on these. There was a lot of discussion about the data integrity piece that there's a lot of talk about privacy and that security would just be lumped in. It would just say privacy and security, and it's security, and particularly data integrity and availability were not called out. So that was one key comment I heard.

Individual choice and patient preferences always comes up as a significant issue to address, and our listening session, we had those comments as well. We had folks suggesting that we address variation in state privacy laws. That we address the sharing of de-identified clinical data, and have some strategies specifically related to that. That we include strategies related to fraud management, and there was a lot of discussion about defining the term privacy, which tends to come up whenever we talk about privacy that it means different things to different people, and is that something we should define.

I think Deven correctly pointed out that there is a definition in the framework, and there are folks who are asking, is that the definition? Does that make sense? There was discussion about whether or not we should be coming up with a definition as part of the strategic framework, so a lot of discussion there. Anything, Deven, Paul, Paul, or Seth, to add?

Deven McGraw - Center for Democracy & Technology – Director

I think, basically, almost every hot button issue you can think of got raised, which doesn't necessarily mean, you know, because these are issues where, in many instances, you cannot resolve them and please all people. And so I think it'll be worth talking about, you know, to what extent and how we would incorporate these. So for example, the privacy definition one, which, to me, that gets raised by folks who want you to define it in a specific way that then underscores their particular or provides support for their particular policy position.

And in the privacy community, and I'm just using this as an example, but in the privacy advocacy community, and even among privacy law scholars, there's no universally accepted definition. NCVHS had recommended one, and there's a different one in the framework, so do we need to define it? I don't know.

Jodi Daniel – ONC – Director Office of Policy & Research

Or is that stepping into a hornet's nest.

Deven McGraw - Center for Democracy & Technology – Director

Yes. I mean, I think I'm suggesting that it does, to a certain extent, but this is just one woman's voice.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. We'll go on to slide 11. Thank you, Deven.

Deven McGraw - Center for Democracy & Technology – Director

Yes. Just so you know, I mean, I use that as an illustration to, you know, what I think is a bigger conversation here, which is that how inevitably is the document going to get shaped, and what's it going to say? And if it's just going to be a reflection of lots of folks comments, then it's probably going to be lacking in a little direction, so I think there are some decisions to be made.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

So now we're recommending strategies or a framework for ONC, not answers, or even necessarily a method for a specific answer or recommendation.

Deven McGraw - Center for Democracy & Technology – Director

Well, that's right, except that if you sort of put the laundry – arguably, if you put a laundry list of issues in the strategic framework, then you're committing yourself to spend time and resources in resolving them and choosing those is, in and of itself, a policy choice, which need to be focused on is I guess what I'm arguing.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

To the extent that we can help set up a process for prioritizing and executing, that would be probably helpful to them. We wouldn't want to just say, well, let's just have Joy look at these issues and figure things out. There might be some way of prioritizing by the way things are implemented, by the biggest barriers to data exchange in HIE, etc. I mean, so I think we don't have to come up with the answer, but strategies would be helpful.

Deven McGraw - Center for Democracy & Technology – Director

And I guess I would add to that sort of list of factors what ONC has the authority and ability to resolve.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

Thank you. Appreciate that. Okay. So the last slide, slide 11 is the last one with some content as far as what we heard, so let me walk through this one, alignment of federal and state laws and policies. There were comments about aligning the strategic plan with health reform, which I thought was, you know, a really timely point given that we started this process before health reform passed. And to the extent we might want to think about how these two connect, and if there are particular things related to health reform where health IT should, there should be strategies for the health IT portfolio. That was what was recommended.

Aligning with federal regulations, we have federal regulatory efforts, and specific examples that came out were e-prescribing controlled substances, which I'm sure everybody knows there's now a final rule on, which is very exciting, and ICD-10, and also encouraging alignment of federal and state laws. I guess some concerns about the variation among not only state laws, but between federal and state laws. Anything to add from the team? Okay. And, last but not least, the last category was about healthcare professionals not eligible for EHR incentives and addressing, identifying strategies related to those providers, and that this was something that was important to address in the continuum of care to address other providers that may not be eligible for the meaningful use incentives.

So I'm going to go to the last slide, slide 12, and then we'll back up to the first category and start the discussion on each one of these categories. The next step, just to remind everybody where we are, we've been working hard for a few months on this, and I feel like we're getting near the end, so that's kind of exciting. Well, for the workgroup, not for ONC. We've got our work cut out for us after this.

Today is April 15th, and the goal today is to consider revisions to the framework based on the public input. On April 21st, Paul and I will present the public input to the Health IT Policy Committee. We have another meeting on May 11th where the workgroup will finalize our framework recommendations. That'll be sort of our last crack at this framework on May 11th to get people to sign off on a document that we will make as a formal recommendation to the Health IT Policy Committee, which will be presented on May 19th at the policy committee meeting.

The expectation after that is hopefully the policy committee will endorse our recommendation and move the framework along to David Blumenthal as a recommendation for consideration into the strategic plan, and then ONC begins our work of trying to consider the framework input and the input of the workgroup and the folks who contributed in the listening sessions, and turning this into a full strategic plan with tactics and milestones so that we can release it hopefully. Our goal is this fall. So that's where things stand.

Is there anything before we start going through, category-by-category? Is there anything that folks heard on the listening session that isn't captured by what we identified in these slides that folks want to raise? Okay. Well, I bet things will come up, as we start talking category-by-category. Alison, if you could go back to slide seven, the one that's key points by category, and it says patient engagement? Great.

I'll just start out by saying on this one that there are a couple of places where, in looking at the framework, that we did address patient engagement and consumer empowerment in some of the issues that have been raised. I think it came up, at least in some way, in each of the themes, so I'll walk through that just to draw everybody's attention to what the group had already done in this space or had already suggested as strategies in this space so that we can see what else we might want to think about, add to, change, etc.

In theme one, the meaningful use of health information technology, strategy two ... there is a strategy. It talks about promoting participation of all members of the health team, and it talks as a sub-bullet about the last sub-bullet, facilitating development of health IT to support care communication and coordination among consumers and their health professionals. In theme two, one of the principles, principle number five talks about policies and technical specifications making possible and promoting increased patient engagement and access, although I don't know that we have a specific strategy related to that principle. It was more of a general principle.

Theme three, privacy and security, there's the individual access principle that's on page ten of the framework if you have it, and there are also objectives, specifically objective five that talks about increasing consumer engagement and health maintenance, healthcare, and accuracy of electronic health information through widespread consumer access. I don't know that we specifically called out any specific strategies, and we could talk about whether or not some of these – we should be more specific or keep them more general. And then, in theme four, delivering health systems, we have....

Principle two, that health IT should help engage patients and providers to take active roles in creation and application of evidence-based care, and we talk about in strategy number seven, the last page, about developing and implementing educational materials and tools to improve consumer's health and health IT literacy, and to promote self management and self efficacy using health IT. So those were all the places where at least a review of this where it's identified that we've addressed patient engagement and consumer empowerment, so folks have that as background. And then I'll just open it up to discussion about whether or not there are other things that we need to add based on the comments that we've gotten, things that we should modify, clarify, or if folks think that we've captured most of these already in the framework.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. Is there anything specifically in there about the last point on this slide, educating consumers? I assume there is, but I didn't hear you mention it. Is there any directive in any of the themes and strategies that clearly states that ONC has, as part of its mission, educating consumers? And perhaps even going a big more than that, in whatever way is going to be appropriate to help

consumers, help guide consumers in the use of these tools? Now I know that's a broad based statement and, realistically, ONC is not going to be a hands on helpmate.

Jodi Daniel – ONC – Director Office of Policy & Research

Sure.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

But something that essentially puts ONC squarely in favor, as it were, of efforts and, perhaps through grant making, there'll be something in the future. Who knows? You know, helping consumers and patients use these tools, particularly people with chronic diseases and all that. I think that would be useful.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

This is Paul Tang. The most direct strategy, request strategy is under theme four of the last page, page ten where it talks about, through a comprehensive education and communications campaign, promote a shared vision of a learning health system and role of the HIT ... create it. Develop and implement educational material and tools to improve consumer's health and HIT literacy, and to promote self-management and self-efficacy using HIT.

In words, it's there. I think what I would take away from the discussion that got reduced to slide seven is we need to have a much stronger vision in the preamble that hits hard on what's in it for the patient. I remember David Lansky saying it needs to sing, it needs to sing that song. So I think what this really begs for is an ability to talk not to ourselves or even to other people in the healthcare field, but talk to patients and consumers and the public on what's in it for me. It's almost the analogy to the health reform. What's in it for me?

If we could present that way up front in the vision, we do have some of the strategies covered, but I don't know that it says here's what we're doing to them. And Carol has talked about that too. So I think we ... for sure.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve again. I completely support that. In some sort of overall, broad statement in the preamble that is just very, very sharp on this point.

Christine Bechtel - National Partnership for Women & Families – VP

It's Christine. I agree with that. So I went back through and looked, and I think that there are a number of areas where the framework does a good job focusing more on sort of the broader terminology of engagement because you have to be sort of careful about education. I mean, I think, while completely important and what's in there should stay in there, part of what I heard on the call was a real need to communicate that patients are active participants in this, and they're not just sort of passive receivers. And so I've gone through and looked at a couple of ways that we can do that, but let me just start by saying, in addition to Paul's vision, I think part of what I struggled with, and I think what others have struggled with is trying to line up the objectives and the strategies because I can't tell when we say we have a reference, for example, under theme one to facilitating exchange of information to improve individual and population health by providing decision makers, including patients, access to the right information at the right time.

And some objectives have clearly a strategy associated with them, and others don't, so there's a shared decision making reference that I think is an objective somewhere, but it doesn't really have a strategy. And so I'm wondering if we want to begin to integrate the two a little bit more closely so that we see

where some of those gaps are that I think people were picking up on in public comment. So that's my first comment.

My second comment actually relates to the piece that I just read, and to the comments that Deven made earlier, which was the incredible amount of energy on the call around patient education resources and other elements. And so I wondered if, at the end of objective four, under theme one, if you want to add a phrase that says including resources that understand that information, which is a little bit more engagement oriented, and then I've got some other things that I can send along that might help us on this topic.

And then one last thing is under strategy five. It occurred to me that I'm not sure we've covered well enough the idea of providing connectivity and information sharing between provider EHRs and consumer technology tools. And that may get to the user centered design element in a certain way. I don't know. But I'll send that in as well.

Jodi Daniel – ONC – Director Office of Policy & Research

One other thing back to Steve Findlay's point about education about the benefits of health IT, there is, under theme three, the last strategy, strategy six talks about a national education initiative, and we include in there the benefits, to increase consumer knowledge about the benefits of health information exchange. I think it says, and ... privacy and security. And I think we had done that to balance out, this isn't just about protecting the information, but about enabling, you know, making sure people understand the benefits, not just the concerns. Although the question is whether or not it belongs there because people may not necessarily look for that concept in the privacy and security section.

Deven McGraw - Center for Democracy & Technology – Director

Well, but, Jodi, I think it's also under theme one strategy number four: develop a comprehensive communication strategy to, I would say engage and not inform, consumers about the benefits of IT and support them in the effective use of health information to promote self management and self efficacy, etc. I think that's actually covered in both places, which is important.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. Great.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve again. I think one really quick point that you might want to have some language in the preamble part where you're going to have a paragraph or so that "sings". Just give a nod there to ONC's ... willingness, but mandate to adapt to what evolved in this space over the next few years and beyond. That's just an important conceptual point, I think. And it's probably in there already, or you've got language in there. I don't have the thing in front of me. Sorry. But this adaptation to what evolves because, in five years, we're going to see tools that we really are not ... now, and we all know that.

Art Davidson - Public Health Informatics at Denver Public Health – Director

Jodi, this is Art, and I think I want to second what Christine was suggesting earlier about having some relationship between a principle, then the objective and the strategy. It's a little less clear the way that it's structured right now. I think we did spend time trying to make sure that we're parallel, but if people did pick us apart a little bit in the call because we hadn't. It's not explicit enough. Maybe that's going to be a recurring problem.

Christine Bechtel - National Partnership for Women & Families – VP

It's Christine again. I think it is going to be a recurring problem, and you know, in an ideal world, what we

would do is be able to grid this out in a way, not tomorrow, but over time, and actually pretty quickly that starts to look more like a policy framework rather than a strategic plan, so that as ONC moves forward with its strategic plan that we're cataloging and understanding what are the policies that are in play for each of these either objectives or strategies, and are they, you know, in existence. Do they need to be tackled by the policy committee? And then what are the standards that might be in play with respect to those policies? That's been my sort of overarching concern is there's a strategic framework, but we've got to also then begin to understand the policy implications and then diving into the standards implications from there. I can tell that went over well.

Deven McGraw - Center for Democracy & Technology – Director

Christine, it was so eloquently stated, we don't have anything else to say.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Yes, we're speechless.

Seth Pazinski – ONC – Special Assistant

This is Seth. I guess my question to that is, would you see that as the kind of next level down, because from the strategies, we'll have to take specific actions that ONC or federal partners will be doing over the next couple of years. Is that what you're referring to, kind of those specific issues that get taken on, or those specific programs or projects that get put in place?

Christine Bechtel - National Partnership for Women & Families – VP

Not exactly. That I think is really important and, actually, that will be, I think, helping in giving a lot more concreteness to the document. But as we begin to think through, and we look from the perspective of the standards and the policy committees in particular, so if we look at these principles, which are, you know, great, but how do they then get operationalized in the context of those programs, and what are the standards associated with them?

I'm coming back to this idea that congress, in asking for a policy framework, was, I think, pretty clear in suggesting this notion that before we get too far down the path, we need to understand what are the principles in play, what are the policies that need to be operationalized to support the widespread exchange of health information, and then the standards flow from that, but I just am increasingly worried that we really haven't done the hard work of cataloging and identifying the specific policy actions associated with particular principles and then kind of running them through and understanding the standards implications for policy, etc. So it's a little bit different, but it is aligned with, you know, they should be reflected in the programmatic details that you all would add later.

Jodi Daniel – ONC – Director Office of Policy & Research

I'm trying to just think through what you're saying, Christine. This is Jodi. Some of the strategies that are in here are objectives to kind of develop policy on some particular issue, so privacy and security. We have the privacy and security workgroup providing advice on particular policies. At what level are you thinking about that policy framework from? Is it sort of like some of the principles that we have here from that level, or is something different than that? And, if so, how does that align with some of the other work that some of the workgroups are doing? I'm not sure I quite understand what you're suggesting.

Christine Bechtel - National Partnership for Women & Families – VP

Yes. I know those are all the right questions. They should align with the work that the workgroups are doing, but my sense is that I'm not. It's difficult to see, in particular, the catalog in maintain and organize the policies that are coming out of things, and then, well, how do they get flowed to the standards committee? What happens there? And so if you look at, you know, the privacy and security pieces, there

are a lot more detailed, you know, sort of principles around individual access and correction. So those begin to get at how you might operationalize some principles that should then be, you know, we ought to look at individual.

I mean, I'm going to – you know, Deven is going to help me out here. But we ought to look at some of these areas in detail and understand what are the policies that are in existence today that the federal government uses and how can they and how are they built into programs so that when you get to operationalizing them, and you're talking about a state HIE, do they have to comply with these sets of policies? Or, in the NHIN group, you know, there is a fair amount of work in the NHIN workgroup to think through some of the policies around information exchange. Once that plays out, then how does that get funneled through standards? I don't know I that helps to clarify, but it's really taking the principle level and beginning to figure out how you operationalize it, how the federal government builds it into its programs, its contracts, its grants, etc.

Deven McGraw - Center for Democracy & Technology – Director

That's the tactics discussion that at some level.

Christine Bechtel - National Partnership for Women & Families – VP

Yes, that's part of it.

Deven McGraw - Center for Democracy & Technology – Director

I'm not, you know, whether we're getting to that, not getting to that, whether that's ONC's job to get to, you know.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

...sorry. Go ahead, Deven.

Deven McGraw - Center for Democracy & Technology – Director

No. I'm driving off. I'm basically done. Thanks. Go right ahead, Carol.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

This is Carol. I'm not sure it's either tactics or principles. I would say this. I don't think policy framework is a set of principles. It's fine for a policy framework to have a set of principles, but those principles need to dictate some more specific policies and practices, and I think Christine, I think that's what you're getting at.

Christine Bechtel - National Partnership for Women & Families – VP

Yes.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Now those more specific policies, specific information policies and practices get developed across all the domains of health IT that are going on right now between the various workgroup, I think, is the big question. Tactics can come later. I think right now we're really at the point of thinking about how does, if there are a set of framing principles, how does that turn into a coherent set of policies and practices that really is a framework?

Christine Bechtel - National Partnership for Women & Families – VP

Yes, the practices language is a very helpful addition, Carol. That's exactly what I mean, which is different from ONC's program. So what are the practices that some of the grantees are engaging in to do

information exchange or that the NHIN, you know, or the federal health architecture employs. Hopefully that clarifies it. I think we should keep moving though.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes. I think that's probably good. Are there other thoughts? I think, to summarize some of what I heard, and feel free to jump in if I haven't gotten everything. But I've heard that there needs to be a strong piece in the preamble, so it gets beyond patient engagement and consumer empowerment. At a high level, I mean, we had some conversations about aligning the strategies and objectives generally, and some about the policy framework generally, which I think probably goes beyond what we have in the strategic framework. Are there other pieces from what we have here that we've gotten from the listening session that we need to add in, change?

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Just one point. This is Steve. Do you feel that you have point number four there on this slide, insure health IT tools are based on consumer-centered design principles? Is that clearly stated in the document?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I think we can add some of those adjectives. We do have usability in the learning, I think, under learning health system, but I think that we could be far more explicit than that.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Yes, I mean....

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

And also consumer-facing.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

It's a key point.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Yes. And the other thing to add, Jodi, to your summary is not only talking about the patient engagement in the vision, but also patient engagement in this document. I'm not just talking ... why is ONC, the existence of it and the money that it spends in the patient's best interest, in the consumer's best interest? That should probably come across in our vision.

Jodi Daniel – ONC – Director Office of Policy & Research

Right.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

I think we should put in the document that Christine and Deven have to be at ONC for an hour a day for the next three years.

Deven McGraw - Center for Democracy & Technology – Director

What?

Christine Bechtel - National Partnership for Women & Families – VP

I was thinking if you guys want a policy framework, we could use a lot of help on the ground here, but maybe more frequently than once or twice a month meeting.

Deven McGraw - Center for Democracy & Technology – Director

Well, you know I get that. And, to be honest, I mean, that's exactly what we're aiming for, in my view, in the privacy and security workgroup, so that's one chunk of it where we want to be very specific. But this work isn't exactly on the same pace as that work. I mean, especially if this report might need to be finished before our work and our particular set of recommendations get laid on the table, unless I missed something in the timing.

Christine Bechtel - National Partnership for Women & Families – VP

Yes, and I'm just suggesting that we need to just start to – and, Deven, I'm glad you said that because I'm not suggesting that at all that get done before this goes forward necessarily, although I do think that basic alignment of objectives and strategies and the more tactical pieces will be helpful. But I think, at the same time, we do have to start to really organize the way the layout, the policy framework and the practices, and that really ought to be the primary focus, I think, of the policy committee because that's what it's supposed to do is recommend a policy framework.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

From a format point of view, would it help or should we enumerate the strategies under each objective? That certainly would make it one-to-one.

Christine Bechtel - National Partnership for Women & Families – VP

Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

But is it too restrictive when you do that?

Christine Bechtel - National Partnership for Women & Families – VP

Well, I don't know, and it's Christine again, and I'm not sure that – I think it would be instructive to do it to understand, at a minimum, where the gaps are because I think there are gaps, and I think that's part of what people are reacting to, at least in the patient engagement component is, you know, if you've got an objective, but you really don't have a strategy or any tactics to implement it, then it doesn't mean anything. So I think it would be helpful to do it and see how it falls out to figure out if there are gaps that we need to fill or redundancies that we should eliminate, or things that we're really missing.

Art Davidson - Public Health Informatics at Denver Public Health – Director

This is Art. I wonder if – there was a comment a little bit earlier that made me wonder where we should explicitly state in the learning health system something about revisiting this document that we may learn things along the way, and that the strategic framework should be considered something that's frequently revisited or revisited or is a work in progress even.

Jodi Daniel – ONC – Director Office of Policy & Research

Maybe that's something we can put in the preamble because it applies more broadly.

Art Davidson - Public Health Informatics at Denver Public Health – Director

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

As, you know, this should be a living document, and as there's some new learnings or changes in the market that this should be periodically revisited to reflect those. I think that's....

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

I think you should put a footnote in there that Jodi will spend two months every year updating this document.

Jodi Daniel – ONC – Director Office of Policy & Research

That'll be Seth's job. Can you put Seth's name in there.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Seth, okay.

Jodi Daniel – ONC – Director Office of Policy & Research

I'm delegating. Okay. All right. Let's move on to slide eight, patient safety. One interesting thing that somebody brought up was about the fact that I don't think we actually mentioned clinical decision support, the role of clinical decision support and improving care in the framework. What do folks think about that?

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Well, the concept of clinical decision support and decision support broadly is not just ... patient safety. That's a broad....

Jodi Daniel – ONC – Director Office of Policy & Research

Yes. That's true. But just generally, it's not addressed directly.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Well, it'd be nice to have those words in there. It would be nice to have the words in the document. Decision support is the concept that people broadly understand the policy committee, and even in educated consumers sort of get that. It's easy to understand.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Actually ... one ... expand on this descriptor, this label, to call it quality and patient safety or other things because it is a little concerning the way it's written here.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, that's fine. Do other folks agree about adding clinical decision support, or do you think it's covered by strategies we already have, albeit not explicitly?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

It is already explicit in the meaningful use criteria.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, it is.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

So the question, is that sufficient, or does it need to be called out in the strategies here? Is there something that ONC or the federal government should be doing regarding clinical decision support besides incorporating it into meaningful use objectives and measures?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Well, there are things that need to be done that are public good, such as the standards. Knowledge management we could consider just like the HRQ guideline clearinghouse. There should be some kind of executable knowledge clearing house so that people cannot have to reinvent the wheel. Why would that be a public good? Because it advances the agenda that the government has for improving healthcare overall, whether it's safety, quality, efficiency, appropriateness.

So it's something the private sector could do. If it was going to do that, it hasn't happened. Perhaps it hasn't happened yet. And perhaps it needs to be accelerated. So that's a longwinded answer, perhaps.

Jodi Daniel – ONC – Director Office of Policy & Research

I'm wondering if that's something that would go in theme four.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Yes, it certainly could. We talk about it in general terms, we certainly do.

Jodi Daniel – ONC – Director Office of Policy & Research

Right. Okay. And then this concept of expanding the scope of patient safety beyond those issues that arise in health IT. I feel like that is kind of sprinkled throughout, but particularly in the meaningful use section. We talked with the goal of, and meaningful use talked about patient safety specifically. Is there anything that folks think we need to add when we talk about patient safety more explicitly?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Maybe it's actually a symptom. There are certain things that make the media, and there are certain things that are in every document like quality and efficiency. And maybe there's actually a broader. David Blumenthal actually picked up on this in one of our presentations. As the strategy, we need a way for ONC to communicate to the public and policymakers and the professions on what it is doing to raise the tide for everyone. And so this is a symptom of saying, well, gosh. You know, we've had a few hearings and so on and so forth about safety issues of health IT. Are you sure that you're worrying about patient safety? Of course, the answer to that is yes. It's just how we communicate it and what gets picked up. For this and patient engagement, just like you pointed out, Jodi, it appears in every theme that we haven't probably effectively communicated it....

Jodi Daniel – ONC – Director Office of Policy & Research

Is that something that maybe should go again in the preamble as a concept, or is it something that needs a specific strategy? How do you recommend we communicate that better?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I think we have to communicate in the preamble for this document, and we also probably imbed it in perhaps some of the learning health systems on how ... part of learning is communicating.

Christine Bechtel - National Partnership for Women & Families – VP

Yes. It's Christine. I like Paul's idea of maybe incorporating some of it into the learning healthcare system. Right now, under theme two, there is a strategy that says assess and address patient safety concerns that may arise from HIT. And I think it's not robust enough. If you look at in comparison to the other strategies, it feels like somebody chucked it in there, and I think it needs to be communicated a little more seriously. It also doesn't really have a corresponding objective, I think. You could connect it to increased market confidence in the EHRs, but it doesn't really fit well. I think it needs to be more explicit in the infrastructure objectives. And I know that Paul Eggerman, that your group is coming back with more recommendations, I think, this month, which is great. And it may be that we need to incorporate some of those more specific strategies in here.

Paul Eggerman – eScription – CEO

Yes. This is Paul Eggerman. I think those are good comments. I do want to point out, if you look at theme one, we do call out patient safety in the goals for theme one.

Christine Bechtel - National Partnership for Women & Families – VP

Right.

Paul Eggerman – eScription – CEO

And the concept of theme two is really that the technology exists to enable whatever you said in theme one and four. So that's sort of like where we tried to get the linkage, if that's the right word, but I certainly wouldn't object at all if we made it more explicit.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes. I suspect that theme two, the one on safety, the strategy on safety, it talks about the safety of the technology, and that's because that's the infrastructure piece. And there are some questions about whether or not the software itself introduces safety concerns, which is different than how the meaningful use of health IT can improve patient safety through better information, care coordination, etc. And perhaps the fact that we call out the safety of health IT is what raised the question of what about patient safety more broadly. So it is called out, like you said, Paul, in theme one in the goal. And then I think Paul Tang said it might be something that we can call out in theme four in the strategy. But I think I'm hearing at least some indication that folks would like to call this out as a more specific strategy.

Christine Bechtel - National Partnership for Women & Families – VP

Yes. I'm sorry. It's Christine again. I think it does a good job of referencing patient safety in the broader context of clinical care, and then there's sort of the safety of the technology itself, which unfortunately at this time I think politically there are folks who are using that argument to try to delay the progress that's been called for on the meaningful use side. So all I'm saying is more on the technical side of the safety rather than the clinical side, and I think that it just needs to be built out a little bit more in the infrastructure component of this document because, absolutely, it's a serious concern. But if ONC is proactive and showing the comprehensive strategy, then I think that helps the industry move forward.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Are you saying there, and are we concurring that there shouldn't be any mention or any elaborate mention in this report of the safety of HIT itself or HIT tools?

Christine Bechtel - National Partnership for Women & Families – VP

No, I'm saying the opposite, Steve. I'm saying that there's one. There's currently one strategy under theme, what is it, two? Yes, that does call it out. It says assess and address patient safety concerns that may arise from HIT, which I assume that is the software itself.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Yes.

Christine Bechtel - National Partnership for Women & Families – VP

And what I'm saying is I think that needs to be beefed up a little bit.

Seth Pazinski – ONC – Special Assistant

Yes....

Paul Eggerman – eScription – CEO

It's Paul Eggerman. It's also a strategy under theme four, right?

Seth Pazinski – ONC – Special Assistant

Yes.

Paul Eggerman – eScription – CEO

Continuously evaluate successes learned ... bullet, and provide mechanisms to assess and continuously improve EHR safety.

Christine Bechtel - National Partnership for Women & Families – VP

Good. I see that now. Sorry. I didn't see that before. Maybe we can have some, either matching language in the one above because I think this is much better language.

Paul Eggerman – eScription – CEO

It's Paul Eggerman. To me, the discussion about EHR safety or patient safety intuitively it belongs as an aspect of the learning system because this is not like a little set it and forget it thing. This is sort of like a continuous issue, so maybe it needs to be called out with greater promise. It feels to me like putting it in the learning section is a good place for it. I don't have any problem with upgrading it in theme two also.

Christine Bechtel - National Partnership for Women & Families – VP

No, Paul. I think you're right, and I strongly agree that this has to be in context of learning and the healthcare system at large, and it has to be ongoing. I think that's right. It's just that the strategy six under theme two falls so flat for me. So I would then, now having seen that much better language, which is much more contextual, say that the strategy in theme two ought to come out because it's there and much better in theme four.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

You know, I think these comments are another symptom of, and I don't know whether this can be done in time. We almost need some text for each of these strategies because they were thought of. It's just that the words themselves don't fully expose the thinking and the discussion and the intent behind these words. And I think if that were possible, it would be nice to have – these things have a little, very short, three sentence paragraph that would help describe these things.

Alternatively, or maybe in addition, if there were some graphical way we could lump some of these related strategies together so that the reader can get a better handle for this. I mean, some of us know some of these pieces just because we worked on them, but I don't think it's very easy to see all this connectedness.

Christine Bechtel - National Partnership for Women & Families – VP

Yes, Paul. I agree. I think it would be helpful going back to the objectives and strategies that if the same, you know, if one person kind of started to align all of it, I think we would see some redundancies and some gaps across the whole piece because, since they were developed by two different subgroups, it may just be that we need to have one person really kind of organize it and look at it from a different perspective to identify redundancy and gap like that.

Jodi Daniel – ONC – Director Office of Policy & Research

This is Jodi. Just throwing out a suggestion here, since one of the things when we categorized the comments we got from the listening session, they didn't necessarily fall theme-by-theme, but there were some commonalities that went across themes, which makes sense. And I'm wondering if maybe we can pull out some of these themes, and if there are others, that's great, where we explain in the preamble

some of the themes that arose. There was already a discussion about putting some more about patient engagement in the preamble. And then explaining how, you know, for those themes that we think are critical that we want to call out across the themes to say, you know, to give a little bit more about how that was addressed across the document so that somebody who is interested in patient engagement can just look at the preamble and say, oh, so this is how they've addressed patient engagement. That's an important theme or concept. And it's kind of sprinkled throughout the four themes or something like that. And then it may, as you're suggesting, identify that there's some redundancies, but it also may identify that there's some continuity that makes sense.

Christine Bechtel - National Partnership for Women & Families – VP

I'm not sure I totally followed you.

Jodi Daniel – ONC – Director Office of Policy & Research

I was suggesting that in the preamble that if there are crosscutting concepts like patient engagement, like quality and patient safety, that we have a couple paragraphs in the preamble that sort of talk about them generally and identify how it kind of carries, that issue carries through the four themes.

Christine Bechtel - National Partnership for Women & Families – VP

I think that's fine. I think that part of what the document is suffering from now is an enormous amount of upfront text that's really hard to get through, so I don't know how effective it will be, and so I think that's right. But I also think we have to do the hard work of taking a fresh look at the objectives and strategies and sort of understanding semantically what's happening within them and how connected they are, both one objective to a strategy, but also the pieces, you know, the themes to each other.

Art Davidson - Public Health Informatics at Denver Public Health – Director

This is Art. I think Paul was suggesting some sort of graphical way to convey this. I think, Jodi, now you're suggesting another way. I was just thinking. Maybe the concepts are our priorities, and there's some way that we could graphically say which priorities we think this principle, objective, or strategy is really addressing so that maybe there's like five columns out on the right hand side where it's kind of shaded in to say we think it's this priority. So back to what you were suggesting, Jodi, I like that idea that somehow we would introduce the concepts, but maybe it's our priorities that are the concepts.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

Seth Pazinski – ONC – Special Assistant

Yes. This is Seth. I think we can do that, and we'll just do kind of the analysis to match up the principles, objectives, and strategies, and then see what makes sense, if there's a graphical way to better show that in the document, so it comes across more clearly. We can do that and then send that around to the workgroup.

Jodi Daniel – ONC – Director Office of Policy & Research

Great. Thank you.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

From a presentation point of view, since this has got to get presented next week, I wonder if an approach, and it's probably not the best approach, but it may be a quicker one, we created, you created this learning system, you know, component diagram as a way to introduce the subject of learning health system and the infrastructure planks. So I wonder, as we walk through, if there can be this shadowed system diagram, and then the right plank show on the left, let's say, and then some of these principles and

objectives on the right, just to help the listener, reader get more and more navigational aid to getting through this document because we're all struggling. Until we come up with a better way to represent it, we at least got to give them some navigational tools.

Christine Bechtel - National Partnership for Women & Families – VP

Yes, I agree.

Seth Pazinski – ONC – Special Assistant

Okay.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

I agree with you, Paul. I think it's a bit dijuncted. There's not a real cohesiveness to both documents yet.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Right.

Jodi Daniel – ONC – Director Office of Policy & Research

We'll work on that. And, Paul, maybe we'll talk to you off line to.... Next, change readiness, thoughts?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I think there's a lot behind these words. In other words, the industry is really having to react fast and forcefully to deal with this. Now even if we can take it out of context, what is this, right now they talk about this as if it's HITECH, but it's really health reform. It's just not as pressing. It will be pretty soon, I think. But this is a big deal, and have we acknowledged that we recognize it, and have ways of ameliorating it in some ways. So that's a rhetorical question in the sense that, yes, we have statements here and there.

How do we communicate these big messages? One, how helpful it is, and how urgently it's needed for us to deal with our crumbling system, you know, our dysfunctional system to how will adding this infrastructure piece help consumers and patients. And, three, how will we get this, manage this massive change over five years or ten years? Do you see what I'm saying? There are these uber messages that somehow have to be clear in the document as a crutch for readers and listeners to navigate their way through this.

Paul Eggerman – eScription – CEO

Yes. This is Paul Eggerman. I think those are good comments, Paul. When I looked at this statement, which I thought was, on the slides, it was articulated well. It was expressed well. What occurred to me, as I looked at the workgroup that I'm involved with, the certification and adoption, and I think about theme two. And it feels to me like we remembered the certification part, but we forgot the adoption part. And that, fundamentally, what the public is reminding us of is, you know, there's this huge – when I saw the word readiness, I remember there was an individual who asked me a question, something like well how are we supposed to train all these people to use all these systems. I'm probably not saying that right, but that was sort of like the way I remembered it. And that's what I was remembering when I read this ... on change readiness here, and so I just think that we were too light on the adoption aspect of theme two, that somehow that needs to be expanded because that's sort of like what we're already doing in the workgroups.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Yes, it's interesting. The work is being done. The words are there. The message is not coming through. And maybe this is the appropriate time in the maturity of this document. So we've gotten a lot of stuff in there. We've got to now work on the presentation so it can be consumed and understood better.

Paul Eggerman – eScription – CEO

But do you think the words are there about training and adoption in theme two?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Vaguely, yes. Give me a chance to find them.

Paul Eggerman – eScription – CEO

I'm sure ... we've got enough words here. I'm sure they're there somewhere.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

That's right. That's the whole point, yes.

Paul Eggerman – eScription – CEO

But I actually don't see them right now.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Okay. Let's see.

Jodi Daniel – ONC – Director Office of Policy & Research

There is, under meaningful use strategy C about increasing and supporting a trained workforce to implement, operate, and effectively use health IT technologies to improve health. I don't know that that gets at the workflow issue, and the readiness issue. I mean, it gets at a piece of it, you know, kind of having this support and the people with expertise to help folks implement, but it doesn't necessarily address the workflow challenges, so I'm not sure if that's something that might need to be added.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Well, I think, yes, and the reason is why should we force people to struggle so hard to see what's needed?

Jodi Daniel – ONC – Director Office of Policy & Research

Correct.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I mean, if Paul can't see it, then it's pretty tough.

Paul Eggerman – eScription – CEO

So tell me again where was this?

Jodi Daniel – ONC – Director Office of Policy & Research

There's something about workforce in theme one, strategy three. But that gets to workforce to support providers implement, but it doesn't explicitly talk about the workflow challenges that implementation brings to the practices, which may be something, a different side of that issue.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

And we had – I'm trying to find it. We acknowledge. We tipped our hat a little bit to the usability issues, I think, in the learning health system. But again, we shouldn't force people to work so hard to find these

things. I mean, if we're not messaging it better, then I think we probably should spend some time to do that.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes. Under theme one, five has promote increase usability in certified EHR technology and other health IT products. But again, I think we're kind of getting at it from different angles, but not necessarily identifying the fact that there are, you know, there are workflow challenges and issues regarding change in practice, which usability might help with, but isn't necessarily going to address completely or the workforce might help with. But maybe that should even be an objective.

Art Davidson - Public Health Informatics at Denver Public Health – Director

This is Art. I think I'm hearing Paul say that he'd like to add a few words around this maybe in theme two. Is that right, Paul Eggerman?

Paul Eggerman – eScription – CEO

That's what I thought at first before I heard what was in theme one. The fundamental issue with all this, we've got patient safety, change readiness, the whole issue about patient engagement is that we've got a lot of words, and somehow we get into all this. We're sort of too deep into the details, and people are missing some of the basic concepts or whatever that we really are trying to accomplish.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I'm going to say something. I should warn ONC staff to sit down. Just take this with a grain of salt as far as thinking outside the box on how can we present this in ways that people can find what they're looking for more easily. We've done it from building up the planks and creating the learning system. What if an orthogonal way we present it, and it has nothing to do with changing what's here, is you find ... trace out the supply chain of health information from how it gets from the source, which is the patient consumer, through the system, which ends up in public health and research.

You start with the patient, and we've got to find ways to instrument the patient, get information from the patient that pertains to your health so that other people can help them make decisions and formulate plans. That speaks to the acquisition, the usability of the systems out there. How do they capture data from the patient, from the health professional? How do you do it in a standardized way?

Then how do you get it to people who need it? That comes the health information exchange, the standards, the privacy, the technical infrastructure, the policy infrastructure. Then how do you get it to the decision makers to help them make better decisions? That's the clinical decision support and the stuff that we do in meaningful use.

Then how do you, you continuously help the system improve and learn and create new knowledge. That's the secondary uses, which require privacy and standards and policy, etc. I'm just painting a different way. Is it possible there's another way that off the street people, whether they're health professionals or consumers, can find where I need to pay attention to or where do I find the answers to the questions I have. Can they relate to that supply chain of information more easily than plank themes?

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. Just a quick reaction: Jodi, remind us what is the central purpose of this document. What is the main purpose of this document and this initiative?

Jodi Daniel – ONC – Director Office of Policy & Research

Well, it's to provide input to ONC, so first develop our strategic plan, which I think the goals of our strategic plan are to identify the federal activities that we will be taking on in the next five years to support our health IT objectives. Well, to establish our objectives and the strategies and tactics we'll be taking to implement those. So it should be both giving, you know, a strategic direction, a sense of priorities, and then ultimately, and that's something that ONC will fill in is sort of the roadmap to getting there. So I think what we're looking for from the workgroup is sort of what are the priorities that we should be focused on? What are the strategies that we should be accomplishing in the next five years? And kind of relating those together so that we can then come up with the roadmap of how we get there by when and, you know, kind of set some milestones and tactics.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

But you don't have. I asked the question because, I mean, Paul is suggesting a very different way of presenting this information. And as he said, thinking outside the box and creating it in a way that you don't typically see of a government strategic plan document, which those documents are not widely read beyond the folks who have to read them.

Jodi Daniel – ONC – Director Office of Policy & Research

I think one of the important things that ONC would like to have that of our strategic plan is a document that can be a communication tool, I mean, that communicates what our priorities are and what we're going to be taking on that helps people to figure out what's coming down the pike and when so that they can plan accordingly from their own perspective. To the extent that if this workgroup helped us in thinking through a way of communicating the message on what are the priorities and objectives and how kind of – I think that would be useful.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Well, there....

Jodi Daniel – ONC – Director Office of Policy & Research

I don't think it would be sufficient, but I mean I think we need sort of the details, but I think we also could use the messaging and the communication as part of....

Paul Eggerman – eScription – CEO

This is Paul Eggerman. Let me suggest another alternative as to how to do it. I look at some of the things like patient engagement or patient safety. You know, you could call them like just general principles that are supposed to cut across all of the themes. And so you could say, well, we've got the ARRA 8. Then on top of that, we're going to add the following three or four principles. We're going to deal with patient safety and patient engagement and list those out.

Then when we get to the details of all the themes, leave it as it is, but when we get to the strategies, we somehow cross-reference everything. We say, well, you know, this relates to the following things. It relates to this principle in theme one, and it represents to the ARRA 8 thing. And you can sort of cross-reference it back and forth. It's a little bit of work to do, but then you could start to see how these things are supposed to fit together.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

...reform. I mean, linking this document to reform, which is something on a slide we'll get to in a second, I guess. But I would just, really quickly, I would say that it's great to – Paul, I embrace your suggestion that ONC think about unique and different ways, novel ways to present this information. But I'm guessing that creating this document in the way it's been shaped for two, three months now is, you're not going to be able to stop that.

But that doesn't mean that you can't take what we end up with here and repurpose it and repackage it in a way that would appeal to and could be posted on the site and used in different venues to communicate more broadly because this is an internal government document that's going to be, you know, a bit dry, etc. And that's okay because it serves that purpose internally and to some key audiences. But then if you want more distribution and readership of it, there's a way to repackage all this.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

This is Paul Tang. The instant those words left out of your mouth, the question you asked, I thought it was very insightful. I came to the same conclusion you just said. In other words, this probably is useful document to ONC, and then maybe the first task is to reformat in a way that can be communicated outwards because they need the public to understand what it is they're doing and why. And reading it this way doesn't provide that, but reading it this way probably does ... I mean they can plug their programs into this, actually.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Yes, and there'd be some fun graphics that you could create around that ... ONC already had some of those that are good, and they can be simplified for consumers and broader readership, including policy folks, by the way.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Right.

Seth Pazinski – ONC – Special Assistant

This is Seth, and sort of what I'm hearing from this discussion that's been really helpful is a lot of the – it sounds like a lot of the concepts and ideas are really captured in the framework, but unless you take a look at it, if you look at slide four, unless you take a look from the center of that slide and say what does this mean for the individual, what does this mean for the population, and what does this mean for providers. That gives you the kind of context that will make all these strategies sort of sing to people.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I think we've been comprehensive and gratifyingly, you can find most of the stuff there. If there's anything you can do to make it more findable, that would be great.

Seth Pazinski – ONC – Special Assistant

Okay.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. We'll work on that, although it definitely won't be by next week. And we'll see, you know, we'll try it a couple of ways and see what we come up with and what we can share with folks. It might just take us some time sitting down with a white board and trying to talk this through, so we'll take that on as a homework assignment. In the interest of time, I'm going to suggest we move to slide nine.

Art Davidson - Public Health Informatics at Denver Public Health – Director

Jodi, this is Art, and I just wanted to go back, if we could. There was that hanging one at the bottom of the patient safety, the social determinants of health. And I wondered if, I mean, I was looking for a way to include that language. And in the learning health system, under the objectives, the second objective there is actually a very long objective. And it's long because it has a lot of EGs. And I was wondering if maybe we could insert, after it says effectively leverage data, and I say EG, social determinant, clinical,

and administrative, close parentheses. Maybe there's a way to kind of do it. It just doesn't fit under patient safety as a concept. I think it's much bigger than that.

Jodi Daniel – ONC – Director Office of Policy & Research

Art, would you mind sending Seth and I just a suggestion?

Art Davidson - Public Health Informatics at Denver Public Health – Director

Sure. I'll do that.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. Slide nine, okay, so the concept of talking broader than EHRs and adding in PHRs, medical devices, mobile health. Again, I think a lot of this is in there, but apparently it's not singing like we've said on other places. You know, we had something about PHRs, mobile health, and home monitoring devices in theme two. And we had some of this in theme two, but—

Christine Bechtel - National Partnership for Women & Families – VP

Jodi, it's Christine. You might need, back to one of your original ... and I don't think it's in there. You might need something in the preamble that talks about what you mean when you talk about health IT.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

Christine Bechtel - National Partnership for Women & Families – VP

Then I think there are a couple of areas, one that I had mentioned under meaningful use where we should have a strategy that says something like ... connectivity and information sharing between provider EHRs and consumer technology tools, which I just sort of broadly put in there, so I can send that along.

Jodi Daniel – ONC – Director Office of Policy & Research

Great.

Paul Egberman – eScription – CEO

This is Paul Egberman. My only comment here, I don't know what you could do about it in the document, but there is a lot of confusion between what is an EHR versus what is the HIT. And so we view this as interoperability to the EHR, whereas some of the questions I thought people were asking about were things like, well, what are you going to do to make my PHR more usable, which is not something that we really are addressing with the strategy, at least I don't think we are. And people have been asking about pack systems, which has nothing to do, nothing directly to do with what's in the EHR. And so it's an interesting challenge. I don't know what you do about it. That's just my observation is we're drawing a line a lot of people don't see.

Jodi Daniel – ONC – Director Office of Policy & Research

Let me ask. I mean, I think, and correct me if I'm wrong, that both ARRA and this document do seem to focus on EHRs, although there are, I think, references to PHRs and other types of health IT systems. Is that in fact what is the priority that folks think is the priority? And, if so, should we just be more explicit about that's sort of the short-term priority, but we've put in place some strategies to address other technologies to lay the groundwork for other technologies or to figure out how other technologies might kind of flow from the EHR focus?

I mean, I think some of this is that you get the – there are, inherent in those documents are some decisions about what's important first and what isn't important or is less important, not isn't important, in

the interest in having to make hard choices. I'm wondering if, at least in some cases, we need to actually say what we're not prioritizing, what we're addressing, but not prioritizing, or we're not addressing, and maybe there are some things that are off the table. And, in the interest of communication, we should be more specific.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. I would say it should be very specific that over the next two, three years, the implementation of meaningful use and ARRA is the priority. But I would hate to see PHRs shuttled too far down the list.

Jodi Daniel – ONC – Director Office of Policy & Research

Sure.

Christine Bechtel - National Partnership for Women & Families – VP

Yes, let me build on that a little bit, Steve, and say that I think, too, in a sense, to a large extent, Jodi, that's a decision that ONC has to decide about what the priority focus of your work is. But I would say that for meaningful use and ARRA, the legislation focuses on EHRs because the hook is the provider and that happens, right, because that's who gets the money, and that's how the payment flows. And that's who uses EHRs. But I don't think that that's indicative of what my personal opinion, and again, you guys can decide for yourself what ONC's priorities should be because you need to be able to, if you really are serious about patient engagement, then you can't just focus on EHRs.

You've got to use them as a strategy to start getting data into whatever form or function of consumer health tools that is out there. Otherwise, I personally think you're toast. I think it may be a different way that you get to the PRH sector, and I think that's where your tactics are going to come in. I don't think you're going to regulate the sector any time soon, and I would hope not. But I think PHRs probably are important to your guys works.

Jodi Daniel – ONC – Director Office of Policy & Research

Absolutely.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

And of course we're all waiting for the law that will come down the pike two years from now that are going to give every consumer with a PHR \$1,000.

Deven McGraw - Center for Democracy & Technology – Director

Okay. Who's working on that one?

Jodi Daniel – ONC – Director Office of Policy & Research

Steve, I don't know if you should be allowed to participate on calls on Friday.

Deven McGraw - Center for Democracy & Technology – Director

I'm in agreement with Christine. This is Deven. I like. I think that this document should set ideally big goals for the future, but incrementally there are steps to take to get there that will involve a priority setting because we don't have unlimited resources. We have way more resources today than we did two years ago, but they're not unlimited. And so there are going to – priorities are going to have to be set, and some things are going to have to, you know, we'll get to, but we have to start with the baselines. Congress gives some hints, strong hints to where those baselines are, but there's lots of room for ONC to fill in the details, but I don't think you have to take it all on.

Christine Bechtel - National Partnership for Women & Families – VP

Right.

Deven McGraw - Center for Democracy & Technology – Director

But saying that all of it is the end vision, I think, is completely appropriate.

Christine Bechtel - National Partnership for Women & Families – VP

Right. And figuring out then the creative ways that you do prioritize your resources so that, at the same time, the bulk of your resources are clearly going towards programs that help providers adopt and meaningfully use electronic health records. You know, it is the National Coordinator for health information technology, and not for EHRs, and so I think you can figure out strategically how do you use and leverage the programs that you have in place to be able to make progress in other areas, which I think were Deven outlined in terms of the big picture goals in other ways ... begin to achieve those goals in a really smart way. But I think a lot of that, Deven's right, is going to come out in the tactical components that you all fill in.

Jodi Daniel – ONC – Director Office of Policy & Research

I think those are all really good points. I think some of that, your suggestion, I think it was Christine about explaining in the preamble what health IT is beyond EHRs. But also talking about some kind of baseline priority set by Congress, but that those, that once we've sort of met some of those baseline, or as we're meeting some of those baselines, that there are other goals and other, you know, that there are ways of leveraging the information in order to better engage patients, in order to better improve, you know, create this learning healthcare system, which also isn't quite as explicit in the legislation.

I think your suggestions are good, and we can try to message it in that way that there are certain things that we must do, and then there are ways of leveraging what we must do to meet some of these larger goals. And things that we just start putting in place so that, you know, in not two years, but three to five years, we're sort of moving in that direction ... some of those broader goals.

Christine Bechtel - National Partnership for Women & Families – VP

Yes. Jodi, the only thing I'd say—it's Christine—is I would just be careful not to limit yourself by ARRA and what the focus is or where ... because ONC is charged with leading a national strategy or an HIT, and so ARRA is what it is, and it's important and it's huge, but it's not the only focus area that is going to make a difference in really achieving the vision of health reform that David laid out.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes. Fair point. Privacy and security, slide ten ... I'll start with the one thing. The one thing that we got a bunch of blog comments on, which was not just the listening session, but is also not in the document, so I'm going to raise it, is about fraud management, and I wanted to get folks....

Deven McGraw - Center for Democracy & Technology – Director

What do they mean by that? Yes. Actually, Jodi, I just saw that and wondered how that falls into privacy and security, like medical identity fraud? Whose fraud?

Jodi Daniel – ONC – Director Office of Policy & Research

Maybe this could go somewhere other than privacy and security as well. Maybe it goes into, I don't know. It might go into some other section. But the concern, and it could go into one or two as well maybe. But the concept was about embedding features in EHRs to address major, unintended consequences. So anti-fraud, you know, fraud being an unintended consequence of health IT, if you put the information in

electronic form, that there are different tactics folks can employ to engage in healthcare fraud. There were seven comments on this, so it got some noise on the blog.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Jodi, this is Carol. I'm curious. Was it because healthcare information is in electronic form, it can help people engage in fraud, or is it the opposite, which is, you can use electronic information to help abate fraud and abuse?

Jodi Daniel – ONC – Director Office of Policy & Research

I'm looking at this now. Some folks said there's controversy about which way it'll go, you know, whether or not you can. They're talking here. One person talks about that there are certain tools such as defaults and copy and paste functions that can facilitate fraudulent practices. There's talk about theft of electronic encounter notes, kind of all of the – once the information is electronic, it can be, there are both tools and tactics to increase fraud. There's, also there were comments about using health IT to help prevent and detect fraud at the point of care, and audit trails and things like that, which is, I think, why we put it in the privacy and security section.

There were folks who were saying you can use health IT to help with fraud management, both for law enforcement and for payers, but also for providers to kind of – maybe not fraud, but to do proper billing. So it's sort of, the comments are sort of across the board, both from the health IT might make this problem work to health IT could be used to prevent and detect fraud. The section was a little bit all across that map.

Paul Egerman – eScription – CEO

But does it belong in privacy and security?

Jodi Daniel – ONC – Director Office of Policy & Research

Not necessarily. I mean, part of it....

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

From a timing point of view, I don't know how much more time we want to spend on this particular bullet.

Jodi Daniel – ONC – Director Office of Policy & Research

My question is whether or not it's something that should be added to the strategic framework or not. It's not something that's represented there now. And if the answer is yes, we can figure out where to put it and how. My question is should there be a strategy related to this as an unintended consequence or as a prevention method, particularly in light of health reform.

Paul Egerman – eScription – CEO

I think it's a good thing to include as a strategy. It's a huge issue relating to CMS, and so somewhere, wherever we have administrative deficiency, we should also do something about fraud management.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I agree with that.

Jodi Daniel – ONC – Director Office of Policy & Research

Why don't we take that offline, and we'll try to write something up and run it by folks. Anything else on the privacy and security stuff that folks feel like hasn't been represented in the document that we should add in?

Deven McGraw - Center for Democracy & Technology – Director

On the defined privacy question, Jodi, the one thing that I did want to check out was the point that Joe Kahn raised with the definition that's in the nationwide framework that seems as though it might need to be messaged a little more clearly. Do you remember that?

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

Deven McGraw - Center for Democracy & Technology – Director

But we can work, just so folks know. I actually can't recall the precise nature of the back and forth, but he had read the definition that's in the nationwide framework, which is a different one than the one for NCVHS, and it's more focused on sort of data stewardship versus control. And he had read that in a way that it hadn't occurred to me that it could be read that way. And we just may want to dig that out of the transcript and see if we need to make that more clear.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. Deven, we can pull that language out for you and just e-mail it to you.

Deven McGraw - Center for Democracy & Technology – Director

That would be fabulous. Thank you.

Jodi Daniel – ONC – Director Office of Policy & Research

And we could pull that one offline, and if you have any suggestions there, we can add them or address them and send it back to the group.

Deven McGraw - Center for Democracy & Technology – Director

Yes, and I think some of the comments that we got about patient preference and choice, you know, those were, of course, expected. But I think because people had just a snapshot of what's in the framework, which is, of course, just at the principle level, and we need to do more work to drill those down from implementation, which we talk about in the strategy. But I think folks didn't quite see in there what they, you know, enough discussion about it. And, of course, that was just on slides, so we might think about how that gets presented in the actual work plan and sort of flushing that out in some more detail. Does that make sense?

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

Deven McGraw - Center for Democracy & Technology – Director

Okay.

Jodi Daniel – ONC – Director Office of Policy & Research

If you have specific thoughts on that, or if you want to talk offline, Deven, we can try to work something up.

Deven McGraw - Center for Democracy & Technology – Director

Okay. Yes. I'm happy to do so because I've been looking at that myself with respect to thinking about the sort of more specific elements that are going to need to be addressed from a trust framework perspective because it's a set of good overarching principles, but the devil is always in the details, and we need to get to those, and we need to commit to getting to those. And so, essentially that's what we're

doing. I just think we can reflect that a lot more strongly in the document, and I'm happy to work with you on it.

Jodi Daniel – ONC – Director Office of Policy & Research

Great. In the interest of time, we've got 15 minutes left, and we need to get to public comment as well. Let's move to slide 11, and why don't I just open it up for discussion on both of these categories, alignment of federal and state laws and policies, and as well as healthcare professionals that are not eligible for incentives, and whether or not we've adequately addressed that issue.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

On the latter, we certainly mention that. We actually had as a strategy that ONC look at ways to involve the folks who aren't directly participating in the Medicare, Medicaid incentive.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, I think we do.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

We did do that.

Jodi Daniel – ONC – Director Office of Policy & Research

We did.

Christine Bechtel - National Partnership for Women & Families – VP

It's Christine, Jodi. I'm thinking on the, and we talked about this a little bit earlier on the call, but in terms of health reform, we did not have health reform when the strategic plan or even the meaningful use criteria were crafted, and so I actually think that you might want to consider shortening up the HITECH ... shortening up the HITECH section on sort of under background and charge, and really adding in some important language around what a key platform HIT is to facilitate health reform in all the ways that ONC sees that happening. I would almost rather link to the statute or do something that's much shorter.

Then to shorten too, while I have the mic, you might take the strategic planning scope and approach section. It needs to be updated to reflect the content, but I would almost put that in an appendix to try to get to the vision as fast as possible.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay.

Christine Bechtel - National Partnership for Women & Families – VP

Then I'm not sure. We have – okay, so the vision and the preamble. Anyway, it seems awfully long. But nonetheless, I just think that the health reform element, ONC should stake out some really clear ground in that area for what a key platform it is for payment reform and clinical quality and all of that.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

And pursuant to our conversation a little while ago about creating derivative documents from this one, I would say that you guys should think about having something that is very clear crosswalk to healthcare reform and HITECH, not just in this document, but things outside of it.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, that's a very good point. Are there specific things other than sort of the kind of trying to connect the dots and making this, you know, explaining how this is a foundation for health reform. Is there anything

specific, as it relates to health reform, that creates some new strategy that we should be incorporating in the strategic framework that isn't here?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Under learning health system, we certainly, as people will either succeed or struggle to implement things like accountable care organizations or medical home or all these things that are trying to respond to the reform initiatives, we need to be open. And I think we state this to ways to tweak all of your programs, including meaningful use to support that.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

It might be a useful exercise to go through the entire thing, or as you continue to go through it, to look for places where it might be appropriate to add health reform to the health reform law or certain specific provisions of the law as an addendum or a continuation of the sentence or the point or the bullet or whatever. That's not going to be something you want to do everywhere, but there's some place where that's just particularly strongly needed or warranted.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. If folks have specific ideas on things that we should make sure to add somewhere, let us know. Otherwise we'll kind of look at it more broadly and see what we come up with. But folks who spend time looking at health reform and want to suggest particular areas where we should be referencing a concept or a provision in the health reform legislation, why don't you just shoot us an e-mail and let us know? I think this might take some thought on everybody's part to kind of connect those dots.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Yes, happy to do it.

Jodi Daniel – ONC – Director Office of Policy & Research

Great. What I think I heard is that the last category we have addressed, at least we have a strategy on that. I'm not hearing any need for a change on that. And what I heard on the health reform piece is that we had something in the preamble that talks about the relationship of health IT and health reform, and then I heard a suggestion outside of this process that we develop a crosswalk of health reform and health IT just as something that would be useful generally, not necessarily as part of the strategic plan. Any other comments?

Deven McGraw - Center for Democracy & Technology – Director

I think somebody has developed that crosswalk.

Jodi Daniel – ONC – Director Office of Policy & Research

Who has?

Deven McGraw - Center for Democracy & Technology – Director

Let me dig into my e-mail. I feel like people have sent me side-by-sides of the health IT provisions in health reform. Is that what you're talking about?

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

I haven't seen anything quite like that, but there's certainly material out there that would make this fairly easy to do.

Deven McGraw - Center for Democracy & Technology – Director

Right.

Jodi Daniel – ONC – Director Office of Policy & Research

Deven, if you have some of those, please shoot those e-mails over to us.

Christine Bechtel - National Partnership for Women & Families – VP

Yes, we created a side. It's not a side-by-side. It's just a summary of all the health IT related provisions in health reform.

Deven McGraw - Center for Democracy & Technology – Director

I was wondering when you were going to speak up because I was pretty sure I got it from you.

Christine Bechtel - National Partnership for Women & Families – VP

Yes. I get confused by the side-by-side and I was thinking....

Deven McGraw - Center for Democracy & Technology – Director

Sorry. It was in squares.

Christine Bechtel - National Partnership for Women & Families – VP

Yes. I'll send that to you, Jodi.

Jodi Daniel – ONC – Director Office of Policy & Research

Great. Thank you. It is good to kind of compile some of those. Any other comments on alignment of state laws or federal regulations? Next steps, let's just do that quickly. Paul, in planning for next week, anything you want to talk through?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I'm a little curious how the....

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I'm not sure what we're expecting from the rest of the committee at this point. I almost think we've been a little overexposed because we've presented every meeting.

Jodi Daniel – ONC – Director Office of Policy & Research

Do you think that it's – I mean, one question is do we need to present to them, or should we just work until May to present a final?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I would actually go for the latter. As I say, I think the additional information we have compared to the prior month is not that much. I think a great improvement would be some way of presenting this graphic or the new way of framing this whole discussion and messaging would be a contribution worth exposing to everybody. I don't know what it will do to the agenda, but I almost would say we don't have as much ... new information at this point.

Jodi Daniel – ONC – Director Office of Policy & Research

That might be hard to pull off by next week, but maybe I'm wondering if we pull it from the agenda for next week, and then when we present this in final form, we try to have that as a piece that goes along with it, and then that'll give us some time to work it out.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Exactly. As if we were presenting to policymakers and the public because people could have those perspectives. I actually think that would be a better way to go. But we have to talk to Judy about the agenda.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. I'll remove it, but everybody has got to talk slow during that period.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Everybody else, Paul Eggerman, you've got to ... you've got a lot of time.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes.

Deven McGraw - Center for Democracy & Technology – Director

Judy, now I only have a half an hour, and I'd be willing to bet I might get a fair number of questions on the sort of general discussion we're having on the privacy and security end.

Judy Sparrow – Office of the National Coordinator – Executive Director

Right. I'm not really worried. I just removed strategic plan. We'll do it in may.

Christine Bechtel - National Partnership for Women & Families – VP

Yes, I think that makes sense.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay. That just took some pressure off of Seth, I think.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

It just gives him more time, not remove the pressure to come out with this remarkable diagram.

Jodi Daniel – ONC – Director Office of Policy & Research

Right. It frees up his weekend, perhaps. The next steps, there are a couple of things that folks were going to send us where they had some specific changes, a couple of things that we were going to send out to folks. I know, Deven, you wanted some language.

Deven McGraw - Center for Democracy & Technology – Director

Yes. Judy just sent it to me already.

Jodi Daniel – ONC – Director Office of Policy & Research

Wow. Judy, you're great. And we will make some of the changes that were suggested and send out a redline to workgroup members for folks to comment on and maybe just get some feedback by e-mail. Does that sound good?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

All right. Anything else, Paul, before we open it up for comment?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

That's it.

Judy Sparrow – Office of the National Coordinator – Executive Director

Operator, can you see if anybody from the public cares to make a comment?

Operator

(Instructions given.) We do not have any comments from the public.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. I was just going to say, the next workgroup call is April 26th. Paul?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

It's April....

Judy Sparrow – Office of the National Coordinator – Executive Director

I'm sorry. I'm looking at the wrong one. Never mind.

Deven McGraw - Center for Democracy & Technology – Director

Yes, that's my workgroup, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Cross that off. Right, Deven. I had you too much on my mind.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Seth, you think we can have a fairly new and refreshed and compelling document in time for the May 11 discussion?

Seth Pazinski – ONC – Special Assistant

Yes. I think the intent is to try to get both the presentation piece of it and then the revised framework out as quickly as we can.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Right.

Jodi Daniel – ONC – Director Office of Policy & Research

...we'll try to get it out with enough time for folks to review it in advance of our next workgroup call.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Right.

Seth Pazinski – ONC – Special Assistant

Yes. We'll aim to definitely try to get that out maybe a week before the call so people have time to process it.

Deven McGraw - Center for Democracy & Technology – Director

That would be great.

Jodi Daniel – ONC – Director Office of Policy & Research

No comments?

Judy Sparrow – Office of the National Coordinator – Executive Director

No.

Jodi Daniel – ONC – Director Office of Policy & Research

All right.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you, everybody.

W

Thank you, everyone.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Bye-bye.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Bye-Bye.

Public Comments Received During the Meeting

1. Will the health IT provisions as it relates to Health Reform be posted on the ONC website?
2. One place that you could look at healthcare reform and health IT is in how we pay providers for using health IT to communicate with their patients.. For example if you reimburse providers for patient education, preventive care and email communications it would drive adoption. Most private providers lose \$ each time they use phone visits or email as it often reduces the number of in office visits
3. Surprised that people still are separating out Health IT, EHR and PHR's. If the goal is the highest rates of adoption of health IT look at places that already work - they gave patients access to their EHR (not a separate PHR) at the same time providers turned on their systems. One key to adoption, use and optimization is having patients and providers use Health IT to connect and communicate - not simply move data from one silo to another. Health IT is a lever for high quality, effective, efficient, patient centered care - by including patients from day 1 not as data recipients 2 years after.
4. Theme 1 is Meaningful use of "Health Information Technology" not simply HER.